

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Title:: CROSS TRAINER EXERCISE APPARATUS
Attorney Docket Number:: C0016/7080P1
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 9
Small Entity:: No
Petition Included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Raymond
Family Name:: Giannelli
City of Residence:: Franklin
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 46 Jackson Circle
City of Mailing Address:: Franklin
State or Province of Mailing Address:: MA
Postal or Zip Code of Mailing Address:: 02038

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: USA
 Status:: Full Capacity
 Given Name:: Scott
 Family Name:: Lee
 City of Residence:: Pomfret
 State or Province of Residence:: CT
 Country of Residence:: USA
 Street of Mailing Address:: 13 Old Rt. 44
 City of Mailing Address:: Pomfret
 State or Province of Mailing Address:: CT
 Postal or Zip Code of Mailing Address:: 06259

Correspondence Information

Correspondence Customer Number:: 021127
 Phone Number:: (617) 367-4600
 Fax Number:: (617) 367-4656
 E-Mail Address:: loliverio@kjpat.com


Representative Information

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|----------------------------------|--------|
| Representative Customer Number:: | 021127 |
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Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | Continuation-in-part of | 10/294,017 | November 13, 2002 |
| 10/294,017 | An application claiming the benefit under 35 USC 119(e) | 60/534,904 | January 8, 2004 |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|---|
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Assignee Information

Assignee Name:: Cybex International, Inc.
Street of Mailing Address:: 10 Trotter Drive
City of Mailing Address:: Medway
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02053